

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

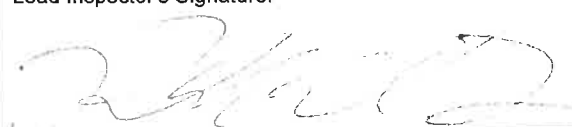

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Grant Management

Command: <b>Bishop</b>	Division: <b>Inland</b>	Number: <b>825</b>
Evaluated by: <b>Sgt. Ron Seldon</b>		Date: <b>11/4/2009</b>
Assisted by: <b>Virginia Brewer</b>		Date: <b>11/4/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: 11/30/09	
<input type="checkbox"/> Follow-up Inspection				
For applicable policy, refer to: GO 40.6				
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. If the commander became aware that another agency or organization is proposing or has submitted a grant application to a funding agency other than the Office of Traffic Safety (OTS) that appears to focus on traffic safety goals clearly within the jurisdiction of the Department, did the commander notify the appropriate assistant commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at the Bishop Area
2. Has OTS grant funding, through the Highway Safety Plan, been sought for traffic safety-related activities for the purpose of conducting inventories, need and engineering studies, system development or program implementations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command sought grant funding to assist with the expenses associated with the priority programs identified by the National Highway Traffic Safety Administration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander ensured grant funds are not being reallocated to fund other programs or used for non-reimbursable overtime expenditures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are concept papers regarding grant funding submitted through channels to Grants Management Unit (GMU)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Was GMU contacted to determine the current personnel billing rates used for grant projects when preparing concept paper budgets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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7. Is supporting documentation of consent and acceptance (of the work, goods, or services provided by the state on behalf of a local government agency as required by 23 Code of Federal Regulations Part 1250) being submitted to OTS for all grant projects coded as "for local benefit"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at the Bishop Area
8. Were all copies of the grant project agreements, revisions, and claim invoices signed by the Project Director, or designated alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at the Area
9. Were all inquiries or correspondence concerning the availability of grant funds or other contacts with grant funding agencies coordinated/processed through GMU?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are all expenditures of grant funds approved by GMU prior to entering into any obligations, with the exception of personnel costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are quarterly progress reports forwarded through channels to GMU in accordance with the instructions contained in the associated project MOU?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Are all requirements of the grant agreement and MOU being met?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a final project report being prepared in accordance with the funding agency and departmental requirements upon the termination of the grant project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does every invoice associated with a grant funded project contain the project number and name?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are all purchases of grant-funded equipment acquired under an OTS grant exceeding a unit cost of \$5,000 being documented on an Equipment Report, Form OTS-25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at the Bishop Area
16. Has grant funded equipment been inspected to ensure it is being utilized in accordance with the respective grant agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not purchased
17. Are applications for federal funds in accordance with Government Code Section 13326 including obtaining approval from the Department of Finance and/or the Governor's office prior to submission to the appropriate federal authority? This would include any of the following: <ul style="list-style-type: none"> <li>• Applications for federal funds which are not included in the budget approved by the Governor.</li> <li>• Applications for federal funds which exceed the amount specified in the budget.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at the Bishop Area

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18. Is a federal Standard Form 424, Application for Federal Assistance, filed with the State Clearinghouse for all approved unbudgeted grant requests received by the Department of Finance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No application for federal funds has been filed.
19. Has any request for unanticipated federal funds met the criteria for legislative notification set forth in Control Section 28.00 of the annual Budget Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Request not made
20. Are grant funds being used for their intended purpose?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are grant applications related to the Motor Carrier Safety Assistance Program (MCSAP) being routed through the Commercial Vehicle Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Motor Carrier program at the Area
22. Are grant applications related to the Homeland Security Grant Program being routed through the Emergency Operations Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at the Bishop Area
<b>Questions 23 through 26 pertain to the Grants Management Unit</b>				
23. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
24. Did GMU send the concept paper as an attachment to a memorandum through the Planning and Analysis Division to Assistant Commissioner, Field, and Assistant Commissioner, Staff, and their Executive Assistants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
25. Did GMU route copies of the Draft Grant Agreement using the CHP Form 60, Staff Summary Statement, to all commands with responsibility for or that have an interest in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
26. Was a Memorandum of Understanding between involved commands outlining the responsibilities of each command prepared and distributed by GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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Command: <b>Bishop</b>	Division: <b>Inland</b>	Chapter: <b>6 Grants</b>
Inspected by: <b>Sgt. Ron Seldon</b>		Date: <b>11/4/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Office of inspections Due Date: 12/4/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			
N/A			

Command Suggestions for Statewide Improvement:
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Inspector's Findings:
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A sample of the grant allocation reports for the Bishop Area was examined against the overtime reconciliation reports for each special project code. All allocations, for both sergeants and officers, were found to be utilized appropriately. All hours were utilized and balances equaled zero at the end of each FLSA period.

The binder, located at the Bishop Area office, with all the Inland Division overtime usage reports for each special project was not organized in any particular order. This made the inspection process slightly more difficult.

All overtime reconciliation reports related to grants were appropriately signed by the commander for each FLSA period.

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Command: <b>Bishop</b>	Division: <b>Inland</b>	Chapter: <b>6 Grants</b>
Inspected by: <b>Sgt. Ron Seldon</b>		Date: <b>11/4/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)



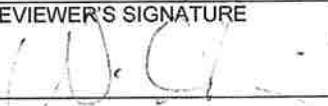
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Command: <b>Bishop</b>	Division: <b>Inland</b>	Chapter: <b>6 Grants</b>
Inspected by: <b>Sgt. Ron Seldon</b>		Date: <b>11/4/2009</b>

<b>Required Action</b>
<b>Corrective Action Plan/Timeline</b>

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>11/30/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>11/9/09</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE <b>12/2/09</b>

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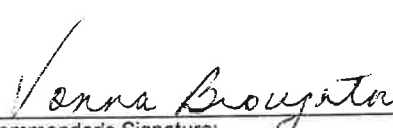

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Overtime

Command: <b>Bishop</b>	Division: Inland	Number: 825
Evaluated by: <b>OSSII Vonna Broughton</b>		Date: <b>11/2/2009</b>
Assisted by: <b>Sgt. Ron Seldon</b>		Date: 11/2/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

<b>TYPE OF INSPECTION</b> <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
<b>Follow-up Required:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: <b>11/30/09</b>	
For applicable policies, refer to HPM 11.1, Chapter 6, HPM 40.71, Chapters 2, 8, and 10, HPM 10.5, Chapter 2, and HPM 10.3, Chapters 24 and 28.				
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Is the hiring company/agency for reimbursable overtime being held responsible for paying a minimum of four hours of overtime per CHP uniformed employee, regardless of length of service/detail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Is a minimum of four hours overtime being allocated to each CHP uniformed employee(s) if cancellation notification is made 24 hours or less prior to the scheduled detail and the assigned CHP uniformed employee(s) cannot be notified of such cancellation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are reimbursable special project codes being used for all overtime associated with reimbursable special projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the commander ensuring nonuniformed personnel overtime hours are not reflected on the Report of Overtime Hours for Reimbursable Special Projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: documented on CHP 71.
5. Is the commander ensuring non-reimbursable overtime is not being claimed for an employee, other than Bargaining Unit 7, while on vacation or compensated time off for hours worked during their regular work shift time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is "RDO" being written in the "Notes" section of the CHP 415, Daily Field Record, for overtime worked on a regular day off?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is there a CHP 90, Report of Court Appearance - Civil Action, completed for each officer or sergeant when overtime is associated for civil court?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All Civil appearances Form 90 completed. One discrepancy on funds received.

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### Command Overtime

8. Do the CHP 415s with overtime indicate the employee's lunch period or indicate "None" if the employee worked through their lunch break?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Did the supervisor sign the CHP 415s approving the overtime?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are claimed overtime meals related to overtime worked within 50 miles of the employee's headquarters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrences in Bishop Area.
11. If overtime is incurred by a peer support counselor, is the name of the employee to whom support was provided excluded from the CHP 415 of the counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrence in Bishop Area.
12. Is the "Notes" section on side two of the CHP 415 used to explain any overtime listed on side one of the CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Are employee's Compensated Time Off hours maintained within reasonable balances?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Is the commander ensuring employees are not incurring overtime due to working over the allotted number of hours for any given Fair Labor Standards Act (FLSA) period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is the commander ensuring uniformed employees are not working voluntary overtime which results in them working more than 16.5 hours in a 24 hour period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Do the CHP 415 total overtime hours agree with the Monthly Attendance Report (MAR)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Are the MARs retained for at least three years and contain the commander's signature?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



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Command: <b>Bishop Area</b>	Division: <b>Inland</b>	Chapter: <b>6</b>
Inspected by: <b>OSSII Vonna Broughton</b>		Date: <b>11/04/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2 hrs	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Bishop Area is in compliance with command overtime. A review of CHP 415's and monthly attendance reports were in agreement and CTO hours were maintained in the allowable balances.

CHP 90's were reviewed and only one reflected funds received in the amount of \$265.00 instead of the required deposit of \$150.00. No explanation or documentation was noted in file from Area or Fiscal Management showing the discrepancy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

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Command: <b>Bishop Area</b>	Division: <b>Inland</b>	Chapter: <b>6</b>
Inspected by: <b>OSSII Vonna Broughton</b>		Date: <b>11/04/2009</b>


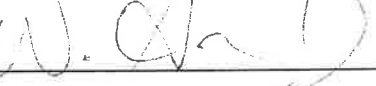
Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Command: <b>Bishop Area</b>	Division: <b>Inland</b>	Chapter: <b>6</b>
Inspected by: <b>OSSII Vonna Broughton</b>		Date: <b>11/04/2009</b>

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>11/30/09</b>
	INSPECTOR'S SIGNATURE <b>Vonna Broughton</b>	DATE <b>11/12/09</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE <b>12/9/09</b>